

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/6

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 04/01/2009 **THROUGH** 06/30/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

CALIFORNIA MEDICAL ASSOCIATION

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95814

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

AB 8 AB 21 AB 28 AB 44 AB 65 AB 71 AB 72 AB 73 AB 74 AB 75 AB 76 AB 77 AB 78 AB 89 AB 95 AB 103 AB 116 AB 119 AB 121 AB 126 AB 166 AB 192 AB 201 AB 202 AB 213 AB 218 AB 225 AB 228 AB 229 AB 232 AB 247 AB 254 AB 283 AB 288 AB 291 AB 296 AB 299 AB 306 AB 312 AB 327 AB 354 AB 356 AB 366 AB 367 AB 405 AB 424 AB 433 AB 444 AB 446 AB 464 AB 470 AB 478 AB 506 AB 512 AB 516 AB 522 AB 525 AB 547 AB 562

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>202693.64</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>59500.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>237150.81</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>558844.45</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/30/2009

At (City and State)
Sacramento, CA

By (Signature of Employer or Responsible Officer)
Joseph L. Dunn

Name of Employer or Responsible Officer (Type or Print)
Joseph L. Dunn

Title
Executive Vice President/CEO

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: CALIFORNIA MEDICAL ASSOCIATION**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee Dustin Corcoran Vice President	Employee Lisa Folberg Associate Director
Employee Jodi Hicks Associate Director	Employee Brett Michelin Associate Director
Employee Teresa Kline Associate Director	Employee David Ford Associate Director
Employee Armand Feliciano Associate Director	Employee Alma Hernandez Associate Director

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 202693.64	\$ 381991.94

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Vargas and Associates Sacramento, CA 95814	10000.00	0.00	0.00	10000.00	10000.00
DiMare, Van Vleck & Brown LLC Sacramento, CA 95814	15000.00	0.00	0.00	15000.00	25000.00
Wada/Williams Law Group, LLP Sacramento, CA 95814	13500.00	0.00	0.00	13500.00	27000.00
Aaron Read & Assoc., LLC Sacramento, CA 95814	21000.00	0.00	0.00	21000.00	42000.00

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 59500.00

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: CALIFORNIA MEDICAL ASSOCIATION**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 0.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: CALIFORNIA MEDICAL ASSOCIATION

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: 742617

CALIFORNIA MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE-CALPAC

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 04/01/2009--06/30/2009NAME OF FILER: CALIFORNIA MEDICAL ASSOCIATION**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 237150.81
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 0.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 237150.81

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	

☐ If more space is needed, check box and attach continuation sheets.

TEXT ANNOTATION

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Schedule	F635	Reference No:
AB 569 AB 571 AB 576 AB 586 AB 592 AB 598 AB 613 AB 615 AB 622 AB 624 AB 626 AB 631 AB 642 AB 646 AB 651 AB 654 AB 657 AB 661 AB 669 AB 681 AB 689 AB 711 AB 717 AB 733 AB 753 AB 753 AB 756 AB 757 AB 761 AB 774 AB 775 AB 794 AB 800 AB 813 AB 819 AB 837 AB 858 AB 861 AB 864 AB 871 AB 884 AB 896 AB 909 AB 915 AB 920 AB 929 AB 946 AB 966 AB 976 AB 977 AB 995 AB 998 AB 1029 AB 1045 AB 1046 AB 1047 AB 1050 AB 1062 AB 1074 AB 1075 AB 1084 AB 1091 AB 1111 AB 1113 AB 1114 AB 1115 AB 1116 AB 1131 AB 1133 AB 1142 AB 1149 AB 1158 AB 1175 AB 1176 AB 1179 AB 1185 AB 1187 AB 1188 AB 1195 AB 1199 AB 1217 AB 1226 AB 1230 AB 1239 AB 1256 AB 1269 AB 1275 AB 1278 AB 1298 AB 1316 AB 1321 AB 1326 AB 1346 AB 1349 AB 1370 AB 1374 AB 1382 AB 1386 AB 1396 AB 1400 AB 1427 AB 1452 AB 1459 AB 1465 AB 1481 AB 1507 AB 1517 AB 1533 AB 1549 AB 1553 AB 1572 AB 1575 AB 1586 AB 1588 AB 1591 AB 1614 AB 1639 AB 1643 AB 1670 AB 1672 AB 1673 AB 1675 AB 1676 AB 1677 AB 1681 AB 1689 AB 1698 AB 1701 AB 1711 AB 1741 ACAX1 4 SB 12 SB 13 SB 18 SB 19 SB 23 SB 24 SB 26 SB 29 SB 38 SB 46 SB 47 SB 57 SB 102 SB 103 SB 108 SB 116 SB 131 SB 139 SB 147 SB 152 SB 162 SB 167 SB 173 SB 177 SB 179 SB 187 SB 188 SB 189 SB 195 SB 206 SB 209 SB 212 SB 224 SB 229 SB 231 SB 233 SB 267 SB 279 SB 300 SB 329 SB 331 SB 356 SB 363 SB 364 SB 367 SB 375 SB 380 SB 397 SB 399 SB 400 SB 410 SB 415 SB 417 SB 425 SB 438 SB 452 SB 454 SB 456 SB 479 SB 499 SB 522 SB 524 SB 526 SB 538 SB 545 SB 550 SB 559 SB 564 SB 570 SB 572 SB 573 SB 576 SB 583 SB 592 SB 600 SB 614 SB 615 SB 616 SB 617 SB 634 SB 638 SB 639 SB 644 SB 650 SB 676 SB 688 SB 689 SB 700 SB 706 SB 708 SB 717 SB 729 SB 734 SB 736 SB 739 SB 748 SB 749 SB 750 SB 753 SB 770 SB 780 SB 798 SB 840 SB 849 SB 852 SB 863 SB 869 SB 913 SB 917 SB 932 SB 941 SB 945 SB 965 SB 969 SB 985 SB 1030 SCA 2 SCA 5 S - CAX1 2 SCAX1 3 SCR 13		